								Application or Oocket Number					
PATIENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 (0 64 3 8 3)												_	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OI			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			3/ .					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		MUMBER EXTRA .			basic fee	375.00	ОЯ	Basic Fee	750.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		· 4			X\$ 9=		ОЯ	X\$18'=	1998	
INDEPENDENT CLAIMS			= C eunim		• (X42=		OR	X84=	94	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	-	OR		1632	
8/20/20LAIMS AS AMENDED - PART II										,	OTHER	1-1	
	17	(Calumn 1)		(Colu	mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		PREVE PAID	BEA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
WOZ	Total	.31	Minus		31	•		X\$ 9=		OA	X\$18=		
	Independent	. 4	Minus	•••	4			X42=		OR	X84=		
		ENTATION OF M	ULTIPLE DEI	PENDEN	CLAIM			+140=			+280=		
	14/05							TOTAL		OR	YOTAL		
D	(Cotumn 1) (Cotumn 2) (Cotumn 3)									JOR	ADDIT. FEE		
AMENDMENT 8		CLAIMS REMAINING AFTER		HIGH NUM PREVI	est Ber	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
MEN		AMENOMENT		PAIO	FOR				FEE			FEE	
END	Total	1.3/	Minus	• .3	·//	• /		X\$ 9=		OR	X\$18=		
AR	Independent FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X42=		OR	X84=		
	. 1	/						+140=		OR	+280=		
	126/0	5	•				1	TOTAL ADDIT, EEE		OR	YOTAL ADDIT, FEE		
5	17.	(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGH ARM PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
207	Total	-24	Manus	-3	1	- /		X\$ 9=	ree		X\$18=	FEE	
ME	independent	· 4.	Minus	***	4	= /		X42=		OR			
PIRST PRESENTATION OF MIRTIPLE DEPENDENT CLAIM										OR	X84a		
* If the entry is column 1 is less than the entry is column 2, write "O" in column 3. ** If the Trighest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."								+140= TOTAL DOTL FEE		OR OR	+280= TOTAL		
-	Fig. Without Ma	raber Previously Pa aber Praviously Pal	aid For by The	S SPACE I	a face the	and author the	•		ropriale box	-	ADOM, FEE! Nam 1.		
- CO	PIO-ETE GALL				,			-12-4					

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